

**PETITION TO THE**  
**BOARD OF ASSESSMENT APPEALS**  
**TOWN OF HAMPTON**

*Must be filed by February 20<sup>th</sup> annually*

By the authority of Public Act 95-283, of the State of Connecticut, please print or type the following information about each property appealed.

GRAND LIST OF OCTOBER 1, 2019

PROPERTY OWNERS NAME: \_\_\_\_\_

APPELLANT'S NAME: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

MAP/LOT: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

PROPERTY TYPE: \_\_\_\_\_

REASON FOR APPEAL: \_\_\_\_\_

APPELLANT'S ESTIMATE OF VALUE: \_\_\_\_\_

\_\_\_\_\_  
Name, address, and phone number of party to be sent correspondence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of property owner or duly authorized agent  
(Attach proof of authorization)

\_\_\_\_\_  
DATE

**ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.**  
(CALL ASSESSORS OFFICE IF FUTHER INFORMATION IS REQUIRED)

THIS FORM MUST BE FILED BY FEBRUARY 20<sup>TH</sup> AND RETURNED TO:

Board of Assessment Appeals  
C/O Assessor  
PO Box 143  
Hampton, CT 06247

DATE OF HEARING: \_\_\_\_\_ TIME: \_\_\_\_\_ PLACE: \_\_\_\_\_  
\_\_\_\_\_

**AGENT'S CERITIFICATION**

DATE: \_\_\_\_\_

To Whom It May Concern: I, \_\_\_\_\_ being the legal owner of property

located at \_\_\_\_\_

hereby authorize \_\_\_\_\_

to act as my agent in all matters before the Board of Assessment Appeals

of the Town/City of \_\_\_\_\_

for the assessment year commencing October 1, \_\_\_\_\_

(Signed) \_\_\_\_\_